

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

1 0/399116

FILING DATE

APPLICANT(S)

Att. 34

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3		2				
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TOTAL IND.	2		2			
TOTAL DEP.	6	←	7	←	←	
TOTAL CLAIMS	8		9			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					↓	
TOTAL DEP.		←			←	←
TOTAL CLAIMS						